

## **INSURANCE REIMBURSEMENT FORM**

### **Part 1: Acceptance of Insurance Reimbursement and Terms and Conditions**

I, the undersigned, hereby certify that I am the owner or officer of a sidewalk vendor business ("Business") duly authorized to execute this Agreement and make the following representations under penalty of perjury on behalf of the Business and bind the Business to the terms herein.

I attest that between February 26, 2024 and February 26, 2025, the Business applied for a Sidewalk Vendor license and permit from the City of Long Beach ("City"). I acknowledge that the Business is required to obtain and maintain commercial general liability (CGL) insurance in order to operate as a sidewalk vendor in the City.

I attest that Business purchased CGL insurance in order to operate as a sidewalk vendor in the City. I have attached a receipt(s) in the amount of \$ \_\_\_\_\_ for the actual cost of such insurance for the first year of the Business' operation as a sidewalk vendor. I attest that the purchased CGL insurance:

- Is equivalent in coverage scope to ISO form CG 00 01 11 85 or CG 00 01 10 93;
- Has an Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury; and
- Has basic limits of no less than one million dollars (\$1,000,000) per occurrence; and two million dollars (\$2,000,000) in aggregate.

I acknowledge that this reimbursement shall not be deemed to constitute a relationship created hereby between or among the City and the Business as a partnership, association, joint venture or other entity. I acknowledge that any tax consequences of this reimbursement is my sole responsibility. I acknowledge that reimbursement is for the actual cost of the insurance, not to exceed \$450, and is contingent upon City's approval of the Business' sidewalk vendor license and permit.

I acknowledge City has relied on the above representations in reimbursing the cost of insurance. If any representation should be discovered to be false or misrepresented, City shall have all remedies available to it by law and I agree to refund the full amount of reimbursement to City.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Part 2: Form of Payment**

Please select the payment option you prefer to receive your insurance reimbursement and complete the information for your choice.

**Option 1 – Paper Check to be picked up from City Hall**

Please tell us the best way to reach you when your check is ready:

- Name (as it should appear on the check):
- Mailing Address:
- City:
- State:
- Zip Code:
- Phone Number:
- Email:

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**Option 2 – Paper Check to be mailed to you**

Please provide information on how the check should be mailed:

- Name (as it should appear on the check):
- Mailing Address:
- City:
- State:
- Zip Code:

### Examples of Routing & Account Numbers



By signing below, recipient hereby authorizes the City to initiate credit entries to the bank account indicated above and the financial institution named above for the purposes of reimbursing the cost of insurance coverage for the sidewalk vending license. This authorization may be revoked by either the City or the recipient without cause provided the City has received written notification from the recipient of its termination in such time and such manner as to afford the City and the City's depository a reasonable opportunity to act on it. The City is not responsible for returned entries due to incorrect account or ABA routing numbers.

The recipient agrees that the City may initiate debit entries to its account for corrections and adjustments in the event of erroneous transactions to the recipient's account.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_